Attorney Docket No.

BIRCH, STEWART, KOLASCH & BIRCH, LLP

0091-0239PUS1

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name, that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

	invention entitled:							
Insert Title: ,	HIGH SECURITY LOC	K AND KEY	BLADE COMBINATION	<u> </u>				
Insert Title: Fill in Appropriate Information - For Use Without Specification Attached:	the specification of which is attached hereto. If not attached hereto, the specification was filed on United States Application Number and amended on International Application Number PCT/SE03/00074 International Application in Section Number PCT/SE03/00074 International Application Internation Number PCT/SE03/00074 International Application							
	I hereby claim foreign priority benefits under Title 35, United States Code, \$119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:							
T Didde-	Prior Foreign Application(s)			Priority Claimed				
Insert Priority Information:	0200182-4	Sweden		January 23, 2002	κα ι -			
(if appropriate)	(Number)	(Country)		(Month/Day/Year Filed)	Yes · No			
	(Number)	(Country))	(Month/Day/Year Filed)	Yes No			
	(Number)	(Country))	(Month/Day/Year Filed)	Yes No			
	(Number)	(Country))	(Month/Day/Year Filed)	Yes No			
	I hereby claim the benefit under Title 35, United States Code, \$119(e) of any United States provisional applications(s) listed below.							
Insert Provisional								
Application(s): (if any)	(Application Number)			(Filing Date)				
	(Application Number)							
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:							
	Country		Application Number	Date of Filing (Mo	nth/Day/Year}			
Insert Requested Information: (if appropriate)								
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.							
insert Prior U.S. Application(s): (if any)	(Application Number)		(Filing Date)	(Status - patented,	pending, abandoned)			
Page 1 of 2	(Application Number)		(Filing Date)	(Status - patented.	pending, abandoned)			

I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO

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PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or Sole Loveptor;	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	<u> </u>	DATE*					
Full Magne of First OF Sole Inversions, Ingert Name of Inversion Internation Legent Date Togs Decument is Signed	Bo WIDÉN	Dr Wick		14 Tuly 200					
insen Residence	Residence (City, State & Country)		CITIZENSHI						
Insert Cilibroship	Torshalla SWEDEN SEX	Swedish							
haven Post Office	MAILING ADDRESS (Complete Street Address including City, State & Country)								
	Box 37 S-64421 TORSHĀLLA SWEDEN								
Fall Name of Second Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
:	Residence (City, State & Country)	CITIZENSHIP							
	MAILING ADDRESS (Complete Street Address including City, State & Country)								
nii Name of Third Inventor, if any: oce «bove	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
	Residence (City, State & Country)	CITIZENSHIP							
	MAILING ADDRESS (Complete Street Address including City, State & Country)								
ull Name of Fourth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
	Residence (City, State & Country)		CITIZENSHII						
	MAILING ADDRESS (Complete Street Address including City, State & Country)								
ull Name of Fifth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
	Residence (City, State & Country)	CITIZENSHIP							
	MAILING ADDRESS (Complete Street Address including City, State & Country)								
nll Name of Sixth Inventor, if any; see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
	Residence (City, State & Country)	CITIZENSHIP							
	MAILING ADDRESS (Complete Street Address including City, State & Country)								